PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

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Effective or 4000 mond					Complete if Known					
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Application Nun		10/001934	0/001934		
FEE TRANSMITTAL					Filing Date N		November 15,	November 15, 2001		
				First Named Inventor 2		Zoltan Nagy				
For FY 2005				Examiner Name K		K. A. Canella	K. A. Canella			
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1		1642				
TOTAL AMOUNT OF PAYMENT (\$) 760.00			Attorney Docket	GPCG-P01-00	3					
METHOD OF	PAYMENT (ch	eck all tha	t apply)							
Check Credit Card Money Order Other (please identify):										
X Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									e filing fee	
Charge any additional fee(s) or underpayment of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17										
FEE CALCULATION										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
	-, ,	FILING			ARCH FEES	EXAM	INATION FEES			
Application T	uma Ea		mall Entity	Eac (\$	Small Entity	Fee (\$	Small Entity	Eags B	aid (\$)	
Application Ty Utility		e (\$) 300	Fee (\$) 150	Fee (\$	<u>Fee (\$)</u> 250	200) <u>Fee (\$)</u> 100	1 663 1	aid (#)	
Design	_	200	100	100	50	130	65			
Plant	_	200	100	300	150	160	80			
Reissue	_	300	150	500	250	600	300			
Provisional	_	200	100	0	0	0	0			
2. EXCESS CLAIM FEES		100	v	Ū	Ů	v		Small Entity		
Fee Description				Fee (\$)	Fee (\$) 25					
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)								200	100	
Multiple dependent claims								360	180	
Total Claims	Extra Claim	s Fee	· (\$)	Fee F	Paid (\$)	<u>!</u>	Multiple Depende	nt Claims		
Total Claims Extra Claims Fee (\$) Fee (\$					Fee (\$) Fee Paid (\$)					
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)										
3. APPLICATIO	N SIZE FEE			_						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
						ation thou	eof Fee (\$)	Fee 5	Paid (\$)	
Total Sheet	<u>Extra S</u> - 100 =		Mumber 50	oi eacii a	(round up to a who			= 1001	<u> </u>	
4. OTHER FEE	(S)		-			ole nambe	·/ ^	Fees	Paid (\$)	
_	Specification,	~~~				.:	.41n	E4	0.00	
Other (e.g., l	sponse within th	niro mon	11(1		0.00 0.00					
SUBMITTED BY		1/								
Signature		fn.		Registration No. (Attorney/Agent) 50,306		6 Telephone	(617) 951-7268			
Name (Print/Type)	Yu Lu, Ph.D/						Date	August 1	5, 2005	
	·····								i	
I hereby certify an envelope ac	that this corresport dressed to: MS A	ndence is b .F, Commis	eing deposit sioner for Pa	ed with thaten	ne U.S. Postal/Ser O. Box 1450, Alex	vice with s andria, V	sufficient postage a A 22313-1450, on	s First Class the date sho	Mail, in wn below.	

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PTO/SB/92 (09-04)
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Application No. (if known): 10/001934

Attorney Docket No.: GPCG-P01-003

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